



**GRAND FORKS COUNTY
SHERIFF'S DEPARTMENT**

Volunteer Sheriff's Reserve Application

Date of Application: _____

NOTICE:

The Grand Forks County Sheriff's Department is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status. The Privacy Act of 1974 applies to this form.

INSTRUCTIONS: (For questions or assistance call 701-780-8280)

- If printing this form from a PDF file, ensure the "Print as image" box is checked
- Please **TYPE** or **PRINT** in **BLACK INK**
- Mail to:

Grand Forks County Sheriff's Department
PO Box 12608
Grand Forks ND 58201-2608

NOTE: If more space is needed to provide the required information, make extra copies of the needed page and/or use a blank page by marking it at the top as "Continuation". and indicate which section number is be continued.

1. Position Applied For _____

Applicant Information

2. Identification

Name (Last, First, Middle)		Date of Birth		Social Security Number	
Present Address		City		State	Zip Code
Phone Number	Alternate Phone Number		E-mail		
Drivers License Number	State Issued	Class of License	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Residing in U.S. <input type="checkbox"/> Other		
Nicknames and Aliases that you have used, or been called: (this includes: maiden names, married names, legally changed names.)					

Willing to volunteer: ☐ Days ☐ Nights ☐ Rotating Shifts ☐ Weekends ☐ Holidays

Successful applicants must commit to attending all training and volunteer at least one shift per month as a minimum obligation, can you do so? ☐ Yes ☐ No

Are you now, or have you previously been employed by Grand Forks County? ☐ Yes ☐ No

If yes, when and what position? _____

3. Do you have any legal, personal or other reasons that would prevent you from becoming qualified with, using, or carrying firearms, and / or personal restraint equipment? ☐ Yes ☐ No If yes, explain:

Can you perform essential job functions of a Sheriff's Reservist? ☐ Yes ☐ No

4. Have you ever been named in any civil action? ☐ Yes ☐ No If yes, indicate the reasons and the final disposition:

5. Criminal History

List any crimes, including traffic offences, for which you have either been arrested, charged, posted bond, or been convicted.			
State	Jurisdiction	Charge	Disposition

6. Education / Training (Attach copies of all Diplomas, Degrees, Certificates of Training, etc.)

Have you completed North Dakota's basic Peace Officer Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where did you attend training? <input type="checkbox"/> Bismarck <input type="checkbox"/> Devils Lake Date of Graduation:			
<input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED (Institution's Name and Address)			Graduation Year
College or Technical School Attended (Institution's Name and Address)	Course of Study	Years Completed	Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify) (Institution's Name and Address)	Course of Study	Years Completed	Diploma or Degree <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Employment History (List all present and past employment, beginning with your most recent.)

Name and Address of Employer			Phone Number
Type of Business	Position Held	Date Started	
Type of Work	Supervisor's Name	Start Salary	Present Salary

Name and Address of Employer			Phone Number
Type of Business	Position Held	Date Started	Date Ended
Type of Work	Supervisor's Name	Start Salary	End Salary
Reason for leaving			

Name and Address of Employer			Phone Number
Type of Business	Position Held	Date Started	Date Ended
Type of Work	Supervisor's Name	Start Salary	End Salary
Reason for leaving			

May the Employers listed be contacted ☐ Yes ☐ No If no, which one(s) do you not wish contacted _____

8. Professional References (Current or former Co-Workers)

Name	Address	Phone

9. Personal References (Not Co-Worker, Employer, or Relative)

Name	Address	Phone

10. List all residences for the last 5 years

Address	Dates

11. Military Service (Attach copy of DD214 to be eligible for Veteran's Preference)

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which branch?	Dates of Duty From: _____ To: _____	Rank at Discharge	Type of Discharge
Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Disability %	Surviving Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Specialty / Job in the Military
List special training received in the Military a. _____ b. _____			

12. Additional Qualifications (List any additional experiences, skills, training and qualifications you feel should be considered)

a. _____
b. _____
c. _____
d. _____

13. State reason you are applying for a position for as a Sheriff's Reservist.

CERTIFICATION AND AGREEMENT

I certify that information given herein is true and complete to the best of my knowledge. I acknowledge that false, misleading, or omitted information on this application and / or during any interview(s) may be cause for the termination of my being considered, or result in being discharged as a Sheriff's Reservist.

I understand that an investigation of all information provided by me will be performed. I authorize any investigation, release of any records and inquiry deemed necessary to establish my character, general reputation and work performance history be conducted. If requested, I will undergo a psychological evaluation with a mental health professional appointed by the Sheriff's Department. I understand submission of this application investigation(s), psychological evaluation and interviews conducted do not establish a contract of employment. I acknowledge that if selected, I will be required to attend mandatory training as scheduled and I also will commit to the mandatory minimum of service of one duty shift per month.

 Signature of Applicant

 Date
Attach the following to your application:

- A copy of your High School Diploma or GED
- A copy of your Peace Officer License, if applicable
- Copies of all Degrees, Certificates of Training, etc. for all education and training that you have listed
- A 3x5 photo of yourself
- DD form 214 required for Veteran's Preference
- Resume (Optional)

EQUAL EMPLOYMENT OPPORTUNITY SURVEY (Optional)

This information is requested for the sole purpose of ensuring that Federal and State employment laws are complied with.

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian	<input type="checkbox"/> Other (Explain)